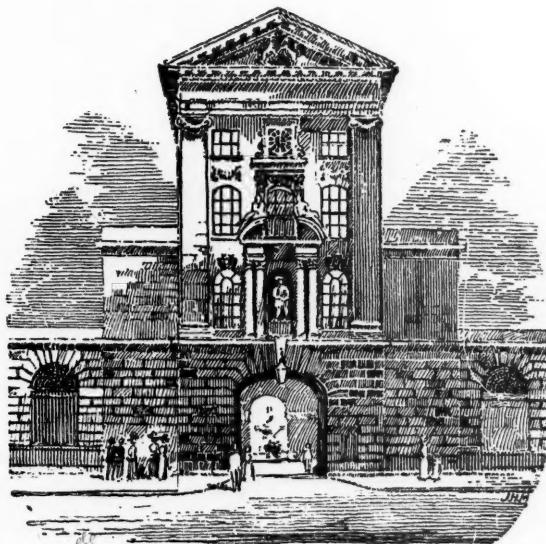


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# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXIII.—No. 4.

FEBRUARY, 1926.

[PRICE NINEPENCE.]

## CONTENTS.

|  | <i>PAGE</i> |  | <i>PAGE</i> |
|--|-------------|--|-------------|
| Calendar ... ... ... ... ...             | 65          | The Saint Bartholomew's Hospital Amateur Dramatic Club ... ... ... ... | 76          |
| Editorial Notes ... ... ... ...          | 65          | Abernethian Society ... ... ... ...                                    | 76          |
| In Memoriam: Herbert Williamson          | 66          | Students' Union:   |             |
| Obituaries:                              |             | Rugby Football ... ... ... ...   | 77          |
| Professor G. Browne ... ...              | 67          | Association Football ... ... ... ...                                   | 77          |
| Sir Gerald Giffard ... ...               | 67          | Fives Club ... ... ... ...   | 78          |
| Dr. John Prest Wightman ...              | 67          | Correspondence ... ... ... ...   | 78          |
| The Surgical Anatomy of Head Injuries.   |             | Reviews ... ... ... ...  | 78          |
| By J. Paterson Ross, M.B., F.R.C.S.      | 67          | Recent Books and Papers by St. Bartholomew's Men ... ... ... ...       | 79          |
| Pathological Aphorisms. By L. P. Garrod, |             | Examinations, etc. ... ... ... ...                                     | 79          |
| M.D., M.R.C.P. ... ... ...               | 70          | Changes of Address ... ... ... ...                                     | 80          |
| Montaigne and the Physicians ...         | 71          | Appointments ... ... ... ...   | 80          |
| Lionel and Clarissa ... ... ...          | 73          | Births ... ... ... ...   | 80          |
| Winter Sporting Scientifically ...       | 74          | Marriages ... ... ... ...  | 80          |
| Timothy Dory. By Alex. E. Roche, M.Ch.,  |             | Deaths ... ... ... ...   | 80          |
| F.R.C.S. ... ... ... ...                 | 75          | Index to Advertisements ... ... ... ...                                | ii          |
| The Surgeon's Son ... ... ...            | 75          |  |             |

## **INDEX TO ADVERTISEMENTS.**

|  | PAGE  |   | PAGE  |
|--|-------|---|-------|
| "Acoustique" ... ... ... ... ... ... ...                       | ii    | Hall & Sons, Ltd. ... "Ideal" Boots and Shoes               | vii   |
| Allen & Hanburys ... ... ... ...                               | vi    | Holborn Surgical Instrument Co., Ltd. ...                   | xii   |
| Alliance Drug and Chemical Co. ... ... ...                     | xvi   | Horlick's Malted Milk Co. ...                               | vii   |
| Angier's Emulsion ... ... ...                                  | xiii  | Horne Bros. ... Hairdressing                                | ix    |
| Books—   |       |   |       |
| Adlard & Son & West  |       |   |       |
| Newman, Ltd. ... The Fundus Oculi                              | iii   | Knight, John, Ltd. ... Shavallo                             | iii   |
| The Puerperium   | iii   | Lewin & Co. ... Sports Outfitters                           | xv    |
| Bailliére, Tindall & Cox                                       |       |   |       |
| <i>Eccles</i> ... Hernia, The Imperfectly Descended Testis     | vii   | Medical Sickness, Annuity, and Life Assurance Society, Ltd. | xvii  |
| Churchill, J. & A. ... Publications                            | iv    | Millikin & Lawley ... Microscopes, Instruments, etc.        | xv    |
| Lewis, H. K., & Co. ... Publications                           | v     |   |       |
| Clinical Research Department of St. Bartholomew's Hospital ... | ix    |   |       |
| Carnegie Bros., Ltd. ... Surgical Dressings                    | xv    | Paripan, Ltd. ...   | xviii |
| Dowie & Marshall   |       |   |       |
| Dowse Bros. ... Specialities                                   | vii   | Parke, Davis & Co. ...                                      | viii  |
| Edme, Ltd. ... Malt and Cod-liver Oil                          | ii    | Prudential Assurance Co., Ltd. ...                          | v     |
| Evans & Witt ... Booksellers, Stationers, etc.                 | xv    |   |       |
| Fellows ... Compound Syrup of Hypophosphites                   | xviii | St. Bartholomew's Hospital Medical College ...              | x     |
| Gas, Light and Coke Co. ...                                    | xiv   | Fellowship Classes : Entrance Scholarships                  | x     |
| Genatosan, Ltd. ... Genasprin                                  | vi    | Preliminary Scientific Department                           | x     |
| Gieves, Ltd. ... R.N.M.S.                                      | xv    | D.P.H. Classes ; Bacteriology, etc.                         | xii   |
| Virol  |       | St. Bartholomew's Trained Nurses' Institution               | xvi   |
|  |       | Southall Bros. & Barclay                                    | xvi   |
|  |       | Phenoquin   | xvii  |
|  |       |   | viii  |

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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."  
—*Horace*, Book ii, Ode iii.

## JOURNAL.

VOL. XXXIII.—No. 5.]

FEBRUARY 1ST, 1926.

PRICE NINEPENCE.

### CALENDAR.

- Mon., Feb. 1.—Special Subject Lecture. Dr. Cumberbatch.  
Tues., " 2.—Prof. Fraser and Prof. Gask on duty.  
Wed., " 3.—Surgery. Clinical Lecture by Mr. McAdam Eccles.  
Thurs., " 4.—1st Round Rugby Cup v. London Hospital.  
Fri., " 5.—Dr. Morley Fletcher and Sir Holburt Waring on duty.  
Medicine. Clinical Lecture by Dr. Morley Fletcher.  
Sat., " 6.—Rugby Match v. Devonport Services. Home.  
Hockey Match v. Hendon. Home.  
Mon., " 8.—Special Subject Lecture. Mr. Elmslie.  
Tues., " 9.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.  
Wed., " 10.—Surgery. Clinical Lecture by Mr. L. B. Rawling.  
Thurs., " 11.—Annual Dance. Wharncliffe Rooms, 9 p.m.  
Fri., " 12.—Sir Thomas Horder and Mr. L. B. Rawling on duty.  
Medicine. Clinical Lecture by Sir P. Horton-Smith Hartley.  
Sat., " 13.—Rugby Match v. Portsmouth Services. Away.  
Association Match v. Old Hurst Johnians. Home.  
Hockey Match v. Cheam. Home.  
Mon., " 15.—Special Subject Lecture. Mr. Harmer.  
Tues., " 16.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.  
Wed., " 17.—Surgery. Clinical Lecture by Mr. L. B. Rawling.  
Thurs., " 18.—2nd Round Rugby Cup.  
**Last day for receiving matter for March issue of the Journal.**  
Fri., " 19.—Prof. Fraser and Prof. Gask on duty.  
Medicine. Clinical Lecture by Sir Thomas Horder.  
Sat., " 20.—Rugby Match v. O.M.T.s. Away.  
Association Match v. Clare College, Cambridge. Away.  
Hockey Match v. Old Uppinghamians. Home.  
Mon., " 22.—Special Subject Lecture. Mr. Scott.  
Tues., " 23.—Dr. Morley Fletcher and Sir Holburt Waring on duty.  
Wed., " 24.—Surgery. Clinical Lecture by Sir C. Gordon-Watson.  
Fri., " 26.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.  
Medicine. Clinical Lecture by Dr. Morley Fletcher.  
Sat., " 27.—Rugby Match v. Moseley. Home.  
Association Match v. St. John's College, Oxford. Home.  
Hockey Match v. Mill Hill School. Away.

### EDITORIAL.

**W**E have received a letter from Dr. Waldo, the City Coroner, in which he refers in very strong terms to the fact that "in the event of anyone dying in a hospital, the medical attendant summoned to give evidence and make an autopsy receives no fee whatever from the Coroner. All other medical men called, however, receive one guinea for giving evidence and one guinea for making the post-mortem examination." He stigmatizes this practice as "inequitable and iniquitous." Having suffered ourselves, we cordially agree with him. But now it appears is the time to get the matter righted; the Home Secretary is this year reintroducing a Coroners' (Amendment) Bill, and if Members of Parliament are stimulated sufficiently, there should be no difficulty in inserting a clause which would do away with this injustice.

\* \* \*

We congratulate Mr. Rupert Scott on his appointment as Assistant Ophthalmic Surgeon to the Hospital. This vacancy was caused by the retirement, towards the end of last year, of Mr. Holmes Spicer. Mr. Holmes Spicer has a world-wide reputation in the profession, and he was the first authority in England on diseases of the cornea. But, more than this, he is a man of great personal charm, and beloved by all who come in contact with him.

His chief hobby is water-colour painting, and that he possesses no mean skill in the art is demonstrated by the gallery of water-colours which he leaves behind him in the Eye Department. There, successive generations of students, often not a little disheartened, have noted with amazement the pathological changes which they failed to observe in the rapidly fleeting glimpse of the fundus oculi which is vouchsafed to the tyro.

Mr. Spicer leaves a place behind him which will not

easily be filled, and we wish him the greatest happiness in his retirement.

\* \* \*

The last issue of the JOURNAL saw the end of Mr. Ralph Bolton's term of office as Editor, and a letter will be found elsewhere detailing the changes in *personnel* which have resulted from his retirement.

It is an excellent tradition of journalism that all possible anonymity should be preserved, but we may be allowed to say that Mr. Bolton edited the JOURNAL with quite exceptional ability, and he was no mean successor to distinguished men who have preceded him in the editorship.

It may not be uninteresting to give alphabetically the names of the editors of the JOURNAL since its inauguration in 1893: A. Abrahams, F. A. Bainbridge, B. Biggar, R. Bolton, W. M. Borcherds, P. Bousfield, W. Langdon Brown, F. G. Chandler, R. C. Elmslie, A. H. Hogarth, T. J. Horder, N. G. Horner, H. B. Meakin, J. A. Nixon, K. Pretty, R. B. Price, H. Pritchard, H. L. Sackett, A. B. Pavey Smith, A. F. Sladden, E. Talbot, and J. S. White.

\* \* \*

The Warden of the College has asked us to insert the following notice:

#### House Appointments for May, 1926.

Applications for these appointments will be received after January 23rd, 1926, on which day the notices of vacancy will be posted.

The list will close on February 20th, 1926.

The attention of prospective candidates is called to the two Regulations relating to House appointments printed below:

*Candidates for the post of House Physician should have held appointments as Clinical Clerks in the wards of the Medical Professorial Unit for at least three months, except in special circumstances.*

*Candidates for the post of House Surgeon are required to have been Surgical Dressers to In-patients for at least six months at the Hospital, one period of three months of which should have been spent in the Wards of the Surgical Professorial Unit, except in special circumstances.*

\* \* \*

Congratulations to Mr. J. B. Hume, who was the only successful candidate at the last M.S. examination, to Mr. F. C. W. Capps, who has been appointed a Demonstrator in Anatomy, and to Mr. Capener, who has been appointed to the Surgical Professorial Unit as Third Assistant.

\* \* \*

We remind our readers that the Bart.'s Dance, which was to have been held in December, but which was

postponed owing to the death of Queen Alexandra, is to take place on February 11th, in the Wharncliffe Rooms.

\* \* \*

From a Hospital notice-board: "The Great Coat worn by the Medical Unit has been changed from the Infantry pattern to the British Warm." We have been asked to say that all likely recruits who are attracted by this sartorial change should repair to the Dunn Laboratory, where a warm welcome awaits them.

\* \* \*

We note with interest that Mr. McAdam Eccles is to address a meeting of the Metropolitan Counties Branch of the British Medical Association on Thursday, February 25th, at 5 p.m. at the B.M.A. House, Tavistock Square. His subject will be "Some Pitfalls of the Final Examination and of the First Year of Practice."

All students of the 4th and 5th year and newly qualified practitioners are invited to be present.

---

#### IN MEMORIAM: HERBERT WILLIAMSON.

---



THE new Pathological Laboratory in Obstetrics and Gynaecology to be opened on January 1st, 1926, is to be known as the Williamson Laboratory. The sums subscribed in memory of our late colleague are thus to be devoted to a subject in which he always took the greatest interest, and to which he himself made important contributions. The subscribers, to whom the thanks of the Medical Council are due, included many of his old pupils, patients, relatives and friends, besides his colleagues on the staff.

Among the subscribers were: Dr. Adamson, Dr. John Adams, Sir F. Andrewes, Sir R. Armstrong-Jones, Dr. Barris, Mr. Girling Ball, Dr. Brocklehurst, Mr. Brewerton, Sir Anthony Bowlby, Mr. Boyle, Dr. Branson, Sir Francis Champneys, Dr. Canti, Dr. E. P. Cumberbatch, Mr. Foster Cross, Dr. Calvert, Dr. Donaldson, Dr. Dunhill, Dr. and Mrs. Davis, Mr. Elmslie, Dr. G. Evans, Mr. McAdam Eccles, Dr. F. Evans, Dr. Finzi, Dr. Morley Fletcher, Prof. Fraser, Sir A. E. Garrod, Prof. Gask, Dr. Gow, Dr. G. Graham, Dr. H. K. Griffith, Dr. D. B. Gibbins, Sir Thomas Horder, Dr. Hinds Howell, Sir Percival Horton-Smith-Hartley, Dr. Langton Hewer, Mr. Hadfield, Sir W. Herringham, Dr. Harthill, Mr. Just, Dr. King, Dr. Kynaston, Dr. Glyn Morgan, Dr. and Mrs. Pracy, Dr. and Mrs. Pretty, Dr. R. Powell, Mr. Rawling, Mr. Holmes Spicer, Dr. Stone, Mr. Shaw, Dr. Spencer, Mr. S. Scott, Dr. N. F. Smith, Major Spackman, Dr. Trewby, Dr. Thursfield, Mr. Wilson, Mr. Kenneth Walker, Dr. Mackenzie Wallis, and Dr. Everard Williams,

The total so far received amounts to £750.

## OBITUARIES.

### PROFESSOR G. BROWNE.

**W**E regret to record the death of Prof. G. Browne, Sir Thomas Adams Professor of Arabic at Cambridge, and Fellow and President of Pembroke College. Although he was a medical student at Cambridge his main interest was in Oriental languages, and he was placed in the first class of the Indian Languages Tripos.

He continued his medical studies at St. Bartholomew's Hospital, and he was promised the appointment of House Physician to Dr. Gee, but he took advantage of a Travelling Scholarship to go to Persia in 1887, and he only returned in time to do three months of his House Appointment, the late Dr. H. W. Rivers carrying on in his absence for a period of nine months.

It was soon after this that he delivered an address to the Abernethian Society with the intriguing title, "Cannabis Indica and the Assassins." One of his few further connections with medicine was his election to the Fellowship of the Royal College of Physicians in 1911.

He was one of a small group of Bart.'s men (among them Robert Bridges and Christopher Addison) who have achieved distinction in non-medical careers.

He was a man of great charm, and as a teacher of Arabic in the University he achieved extraordinary success. He was always regarded both by his colleagues and by his pupils with the utmost affection.

### SIR GERALD GIFFARD.

We regret to record the death of Major-General Sir Gerald Giffard, K.C.I.E., C.S.I.

He was educated at Elizabeth College, Guernsey, and at St. Bartholomew's Hospital. He entered the Indian Medical Service in 1890, and at the outbreak of the Great War was a lieutenant-colonel. He was then appointed Commandant of the Madras War Fund Hospital-ship *Madras*, and later was A.D.M.S. of the 6th Division of the Indian Army. He became a major-general in 1918 and just before his retirement in 1924 he received the K.C.I.E.

### DR. JOHN PREST WIGHTMAN.

We regret to record the death of Dr. John Prest Wightman. He was educated at St. Bartholomew's Hospital, qualifying in 1891. After holding the posts of Senior House Surgeon at the Hospital for Children, Liverpool, and Medical Officer to the Bournemouth Sanatorium, he settled in York, where he acquired an extensive practice. He contributed several papers to medical journals : amongst others were "Notes and Family Histories of Cases of Hæmophilia," and "An Analysis of Cases of Enteric in Childhood."

## THE SURGICAL ANATOMY OF HEAD INJURIES.

### THE SCALP.

**H**IE scalp is richly supplied with blood, the vessels running in the subcutaneous layer, which is composed of a multitude of fibrous bands enclosing fat-lobules in more or less isolated spaces. The external coats of the blood-vessels are united with the fibrous septa, and when a vessel is cut its wall is unable to retract. Haemorrhage from a scalp wound is therefore profuse, but a large haematoma cannot form unless the sub-aponeurotic layer has been

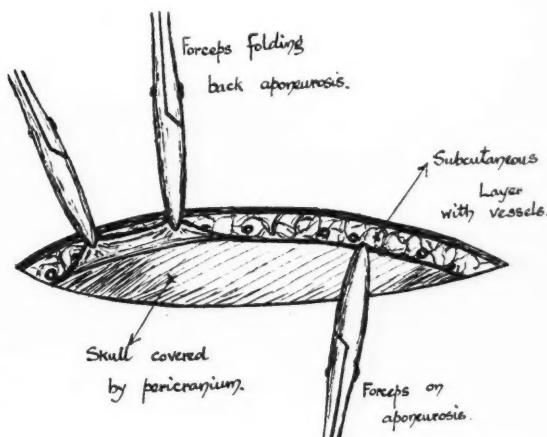


DIAGRAM TO SHOW METHOD OF CONTROLLING HÆMORRHAGE FROM SCALP VESSELS.

opened. The usual method of arresting haemorrhage is by sutures which pass deeply enough to compress the bleeding vessels.

To the epicranial aponeurosis are attached the occipitales and frontales muscles, and wounds of the scalp which cut across the fibres of the occipito-frontalis gape widely. Should haemorrhage take place beneath the aponeurotic layer a very extensive haematoma may result. The blood can track backwards to the superior curved line of the occipital bone, laterally to the attachment of the aponeurosis to the temporal fascia, and anteriorly into the upper eyelid between the orbicularis palpebrarum in front and the tarsal plate and palpebral fascia behind. When the aponeurosis has been divided, bleeding from the scalp vessels may be controlled by picking up the edge of the aponeurosis with light pressure-forceps and folding it over the margin of the wound.

Such a wound should be sutured in two layers, the deeper one closing the epicranial aponeurosis.

Since the scalp is tightly stretched over the hard

cranium, a blow with a rounded weapon may give rise to a wound as cleanly cut as that made by a knife.

The strong attachment of the hair to the scalp is illustrated by such well-known incidents as the flight of Absalom, and "The Landing," when the famous Bellman—

" . . . landed his crew with care;  
Supporting each man on the top of the tide  
By a finger entwined in his hair."

In modern times the strength of this attachment, and the loose attachment of the scalp to the cranium is shown in cases of accidents in which the hair has been caught in a moving machine and the scalp has been torn off the skull. Separation takes place through the loose sub-aponeurotic layer, which is bloodless except where it is traversed by emissary veins and the supra-orbital and frontal vessels. Recovery from such accidents is not uncommon, and large flaps of lacerated scalp attached by only a comparatively small pedicle are more likely to live than to die, since the rich blood supply runs close to the surface.

Examination of a scalp wound is never complete until a probe has been used to ascertain the condition of the underlying bone. Should bare bone be felt the importance of the discovery must not be over-estimated. As a rule the opening up of the subaponeurotic space by a wound which goes down to the bone is a more serious matter than the mere exposure of the bone itself, since infection spreads rapidly in this "dangerous area," and within a few hours the whole scalp may be floated upon a layer of pus.

#### THE SKULL.

The pericranium, which is the periosteal covering of the skull-bones, differs in certain respects from the periosteum of the long bones. It is closely attached to the bones in childhood, but in the adult it can be stripped from the bone with ease. It is less vascular and less important for the nourishment of the subjacent bone than is the periosteum of long bones, most of the nourishment of the cranial bones coming from the blood-spaces of the diploë. Recently there was a child in the Hospital with a scalp wound at the bottom of which an area of bone the size of a shilling lay uncovered by pericranium for several days. When secondary suture of the wound was undertaken the bone was alive and healing of the scalp occurred without delay.

Though easily separated from the bones the pericranium is firmly attached to the lines of the interosseous sutures, where it gives off intersutural processes to join the endosteal layer of the dura. Extravasation of blood beneath the pericranium results in a haematoma which

is limited by these sutures, the outline of the swelling indicating the layer which it occupies.

The thickness of the skull varies in different parts and in different individuals, and therefore the amount of violence required to produce a fracture is also variable. The line along which a fissured fracture occurs is determined to a certain extent by these alterations in the strength of the bone. The diploë is wider in adults than in children, is the first layer to be affected if the bone becomes thinned from pressure, and it contains blood-spaces which communicate with the veins of the scalp and the dural sinuses. The diploic veins are an important source of the bleeding which occurs in fractures of the skull, and their connection with the interior of the cranium gives a channel along which infection may travel in cases of osteomyelitis. Haemorrhage from the diploë can be controlled by rubbing Horsley's wax into the cut surface of the bone or by crushing together the inner and outer tables.

#### MEMBRANES OF THE BRAIN.

The dura mater consists of two layers, the outer of which serves as an internal periosteum for the skull-bones. This layer is firmly adherent to the base of the skull, especially where there are projections on the cranial floor; but in the middle period of life its attachment to the greater part of the vertex is comparatively loose, the only close attachment being along the suture-lines. In childhood and old age the dura is closely adherent to the bone all over the vault of the skull. These facts explain the formation of the large extradural haematomas which are produced by bleeding from the meningeal vessels, and throw some light on the uncommon condition of traumatic cephalhydrocele. This is a complication of fracture of the skull, which is characterized by a subcutaneous collection of cerebrospinal fluid, which has been able to escape owing to tearing of the dura and pericranium at the time of the fracture. It is almost peculiar to children, for in them the dura and pericranium are firmly attached to the bone.

The venous sinuses are endothelial-lined spaces between the layers of the dura mater, and they form connections with the veins of the brain and with the extracranial venous system. One of the most important of these external communications is between the cavernous sinus and the angular vein through the superior ophthalmic vein. Though not a "head injury," one must be forgiven for mentioning the serious nature of the malignant facial carbuncle which not infrequently gives rise to a fatal cavernous sinus thrombosis.

The superior cerebral veins lie in the pia mater and

subarachnoid space and terminate in the superior longitudinal sinus. These vessels are believed to be the source of bleeding in the cases of chronic (localized) subdural haemorrhage which follow an injury, usually not severe, in which the force acts in the antero-posterior line of the skull.

Diffuse haemorrhage into the subarachnoid space may be diagnosed by obtaining blood intimately mixed with the cerebrospinal fluid on lumbar puncture.

In the process of moulding of the head at birth a severe strain is put upon the dural septa—the falx cerebri and tentorium cerebelli—and in extreme cases these may split, with escape of venous blood, thus producing a "birth haemorrhage."

The blood-pressure in the dural sinuses is low, and haemorrhage from them is easily arrested by gentle pressure, which may be applied by a gauze strip inserted between the sinus and the bone.

Fractures of the base of the skull are often associated with leakage of cerebrospinal fluid as well as blood, since the adherent dura is torn at the time the fracture occurs. In fractures of the anterior fossa bleeding takes place into the nose and into the orbit where the blood is retained behind the palpebral fascia; and is therefore distinguishable from the more widespread extravasation characteristic of the ordinary "black eye." Cerebrospinal fluid and even brain matter leaks into the nose in some cases.

Leakage takes place from the external auditory meatus in fractures of the middle fossa in which the middle ear has been opened by the fracture and the tympanic membrane has been torn. When the basilar process is fractured, leakage of blood and cerebrospinal fluid may take place into the pharynx. It seems almost unnecessary to add that these fractures of the base expose the patient not only to the risks attendant on all open fractures, but also to the special risk of infection of the meninges.

Another complication of fractured base is injury to large blood-vessels. The ophthalmic vessels may be torn, causing marked proptosis owing to orbital haemorrhage. Besides injury to the middle meningeal artery, with which every student is expected to be familiar, it must be remembered that in the middle fossa the internal carotid artery may be damaged. It is a rare accident, but occurs as a rule within the cavernous sinus, forming an arterio-venous communication, which may be recognized clinically by pulsating exophthalmos and distension and pulsation of the orbital veins, generally without loss of vision or movements of the eyeball.

The cranial nerves may be damaged as they pass through the bone, the most important being the optic which will certainly be injured if the fracture involves

the optic foramen, which is completely filled by the nerve and the ophthalmic artery; the sixth nerve, which is frequently injured where it lies in contact with the tip of the petrous bone; and the seventh and eighth nerves, which may be affected in any fracture involving the petrous.

#### THE NATURE OF CEREBRAL INJURIES.

When dealing with the subject of injuries to the brain, it is difficult to draw the line between anatomy and the physical and physiological factors which are introduced at once, and at once become the more important in the subsequent train of events. Certain broad statements may be made, however, giving the anatomical facts bearing on the problem.

The brain, its vessels and the cerebrospinal fluid are enclosed in a capsule of dura mater and bone which cannot be stretched. Injury to the head may cause this capsule to be encroached upon either as a direct result of external violence, or as a result of bleeding or of other effusions within the skull inside or outside the dura mater.

The effect of trauma upon the brain depends on the distribution, size and rate of development of the lesion. Haemorrhage encroaches gradually upon the inexpandable capsule, and first squeezes out of it a small quantity of cerebrospinal fluid. The brain may now be considered to fill the capsule completely, and any further increase in pressure must lead to obstruction of the blood-vessels in the cerebral substance. The blood-pressure is lowest in the veins, and venous obstruction occurs first, to be followed later by capillary anaemia when the pressure in the capsule rises still higher. It is these vascular changes which underlie the clinical manifestations of cerebral irritation and cerebral compression.

External violence encroaches on the capsule suddenly and with a force greater than the arterial pressure. It must be remembered that the skull is not as rigid as it appears to be, and that it can undergo temporary deformation and return to its normal form with great elasticity. Such a deformation of the skull due to a blow or a fall on the head leads to a momentary diminution of the cranial capacity, as well as causing damage to the brain in the line in which the force is acting. The bending-in of the bone may be carried to such a degree that the bone cracks, but the fracture is of less importance than the momentary hyperacute compression of the brain, which is believed to be the cause of the clinical state of cerebral concussion. If this hypothesis be correct, cerebral concussion is due to a sudden capillary anaemia produced by diminution in the capacity of

the capsule of the brain. Because of the elasticity of the skull the compression effect is of very short duration, and the tendency is for complete recovery to take place after an interval which depends largely on the severity of the accident. In the more severe degrees of concussion it is possible that lesions may be produced in the ventricular system by a sudden forcing of cerebro-spinal fluid from the lateral ventricles into the third and fourth ventricle.

A blow on the head will also produce local contusion of the area of the brain lying just beneath the point struck; and since the brain is driven in the direction of the blow into violent contact with the opposite side of the skull, polar contusion or laceration by *contre-coup* occurs. Polar contusion may be produced by impact against the falx cerebri and tentorium cerebelli as well as against the bone diametrically opposite to the point first struck. In addition, small areas of haemorrhage and bruising may be produced in the line along which the force is acting—that is, between the point of primary and polar contusion.

The effects of bullet-wounds are too numerous and complicated to be discussed in the present article.

In considering head injuries it must be remembered that the contents of the skull are of more importance than the skull itself, and that the cerebral circulation is affected more than its substance.

J. PATERSON ROSS.

## PATHOLOGICAL APHORISMS.

HE following series of somewhat disjointed observations is offered in all due humility by one who has had some experience of the mistakes which may be made in routine pathological work, and made most of them himself. Whether a sufficient proportion of them deserve their title to excuse its use is doubtful.

Since their application is chiefly to the work of the pathological clerk, it is appropriate first to inquire what are the purposes of holding that appointment. The number of men inclined to adopt pathology as a career is small, and the majority, looking forward to a life spent in practice, are apt to ask what is the use of learning elaborate methods which they are unlikely ever to employ after qualifying.

No one would deny the usefulness of the pathological clerk to the hospital; his work is, or can be, at least as important a contribution to the welfare of the patients as any other that he can make before reaching the

junior staff. The question at issue is, how far is it useful to himself? To this it may be answered:

(1) That although elaborate investigations must always be beyond the powers of a busy practitioner, there are several for which little more is required than a respectable microscope, and these highly important and often needed. The two principal are the blood-count and the examination of urinary deposit. These, therefore, are worth learning, and for learning all that need be known of them three months is not too long a period.

(2) That a practical knowledge of pathology is essential even for the collection of specimens which are to be examined by someone else. Half the difficulties with which pathologists have to cope, and nine-tenths of their failures or equivocal results in this Hospital, as well as in private work, are due to unsatisfactory methods of collecting or transmitting specimens. (Indeed, the collection of body-fluids is often more difficult than their examination; lumbar puncture and blood-culture are sufficient examples of this.) How to make blood-films (and when) or films of pus, how to obtain blood from a vein, and how much, whether to allow it to clot (as for a Wassermann or agglutination test), or to oxalate it (as for urea estimation), how long particular organisms will survive outside the body, and under what conditions, which of the four types of specimens of urine to obtain for whatever examination may be required, how to make, use and seal capillary pipettes, how to take swabs, and how to (try to) get a patient to collect sputum, how to preserve tissue—these are some of the things which a practitioner ought to know, unless he intends to dispense with the pathologist altogether.

(3) That a practical knowledge of pathology is necessary in order to decide what investigations are likely to be useful, and the limits of their usefulness, i. e. the degree of reliance that can be placed on their results. Nor is it a reflection on laboratory methods to say that a knowledge of them is necessary in order properly to interpret pathological reports. Has one not been asked to diagnose "Banti's disease" on a (very bad) blood film?

(4) That the naked-eye appearance of certain specimens is often in itself conclusive to the experienced eye (from the "smokiness" of slight haematuria, or the spider-clot in tuberculous cerebro-spinal fluid to the sulphur granules of actinomycotic pus), and by learning to correlate appearance with microscopic findings, it may become possible with safety in many cases to dispense with detailed examination altogether, or at least to anticipate its results.

(5) Lastly, or perhaps least, that in certain M.B.

examinations "Practical Bacteriology" is now a far from negligible item.

These considerations may be allowed to carry some weight, without implying an unduly academic standpoint in clinical practice. One does not wish to over-emphasize the science of medicine at the expense of its art, and perhaps the best reason for learning the former is that it helps to confer an understanding of the proper limits of both.

#### *Certain Observations on Blood-Counts.*

Of the respective merits of the finger and the ear there will always be two opinions: against the former is that it is more painful and often apparently bloodless; against the latter, hair, the inconvenience of stained pillows, and the ban on applying local pressure. Remember that the first drop of blood from the ear should never be used for a count; the lobe of the ear is a backwater in which leucocytes accumulate.

There are about 35 possible causes of inaccuracy in red and white counts; of these one stands head and shoulders above the rest—the imperfect admixture of the blood with the Toisson's solution. Shaking should occupy 2 minutes, immediately before expelling the fluid on to the counting-chamber.

A good second, in the case of a leucocyte count, is failure to adjust the microscope to give a field of the correct size.

There are two kinds of spurious leucocyte: stained red cells (which have usually been left in the Toisson bottle by a previous unwiped pipette), and yeasts. Both can be excluded by filtration of the Toisson's fluid.

No ordinary method of estimating haemoglobin is accurate. But two precautions will help to ensure that the error shall be within reasonable bounds. The tube must be shaken after the blood is introduced; otherwise it may coagulate at the bottom. In severe grades of anaemia, two, or even four, pipettesful of blood should be used, and the result calculated accordingly.

Among causes of carbon monoxide poisoning not usually mentioned in text-books of toxicology, Haldane's method of estimating haemoglobin ranks second to none. This is not altogether Haldane's fault; the volume of gas required is small; that usually employed is large. There is only one way of estimating the rate of flow of gas through your capillary tube, and that is to light it; a sufficient rate of flow is represented by the smallest flame you can get.

The effective life of a communal bottle of Leishman's stain is perhaps a few days; in private hands it may last

months. The causes of its rapid degeneration under the former conditions are prolonged exposure to the air and the introduction of water.

In adding "twice the quantity of distilled water," remember that surface tension (and other factors) affect the size of a drop of any given fluid. Actually a drop of water is about twice the size of a drop of Leishman's stain. It is therefore preferable to measure by means of a home-made capillary pipette.

The common "polymorph" is an eosinophile cell; the feature which distinguishes the eosinophile properly so-called is the presence of large closely-packed granules. Be a cell as red as you please, it is not an eosinophile unless these can be seen. If an eosinophile be a raspberry, then a basophile is a mulberry, and a misbegotten one at that.

Here it may be observed, as a general rule in pathology, that if there be any doubt whether a thing is, it is not.

It is less important to identify a strange-looking leucocyte than to observe the characters of the red cells—a part of the film examination which is often forgotten. Not only should nucleated red cells always be in mind, but those polysyllabic variations in size, shape and staining reactions.

(To be concluded.)

L. P. GARROD.

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## MONTAIGNE AND THE PHYSICIANS.

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T is imagined by some people that until Bernard Shaw arose to vex the medical profession, no one had dared to question the infallibility of the medicine-man.

The truth is that this doctrine of infallibility, which some of the public still cherish, is of recent growth, and part of the useless baggage that the Victorians have bequeathed to the twentieth century; the contempt which the educated man of the Middle Ages had for the physicians is now here more clearly shown than in the *Essays of Montaigne*, wherein he "boldly ripped up the mysteries of Physicke."

His antipathy to the physicians and their art was hereditary: "Mine ancestors," he wrote, "by some secret instinct and natural inclination have ever loathed all manner of Physicke; for the very sight of drugs bred a kinde of horror in my father." It was not, however, that he slavishly condemned "all drugs, for he knew that there were some things proper for the

preservation of health": "Myself have found by experience that radish rootes are windie and senie-leaves breed looseness in the belly. And to say true, of all this diversitie of rules and confusion of prescriptions, what other end or effect workes it but to evacuate the belly?" But his criticism of the science of medicine was a more rational thing than a mere dislike of pharmacy, and much of it is as appropriate to-day as when it was written. He laments that the "most important science in use amongst us (as that which hath charge of our health and preservation) is by ill-hap, the most uncertaine, the most confused, and the most agitated infinite with changes. . . .

"God knows how hard the knowledge of most of these parts is: As for example, how shall he finde out the proper signe of the disease, every malady being capable of an infinite number of signes: how many debates, doubts and controversies have they amongst themselves about the interpretations of urine? In these diseases I have had (so they admitted any difficulty) I could never yet finde three agreeing in one opinion."

Of surgery he has a much better opinion: "I judge the arte of Chirurgery much more certaine; for it seeth and handleth what it doth; and therein is lesse conjecture and divination. Whereas Phisitians have no *speculum matricis*, to discover our braine, our lungs and our liver unto them."

He goes on to rail very shrewdly against what may be called the omnibus prescription: "Our Physitians never remember that he who will provide for all, provideth for nothing, they will perswade us with their ingredients, this one shall warme the stomacke, and this other coole the liver; the one hath charge to goe directly to the veynes, yea even to the bladder. Another shall drie the braine and another moisten the lungs. Of all this hotch-potch having composed a mixture or potion, is it not a kinde of raving to hope their severall vertues shall divide and separate themselves from out such a confusion to run to so divers charges? I should greatly feare they would loose or change their tickets and trouble their quarters."

But it is in his quotations from ancient authors that Montaigne is at his liveliest, and it is with those that he bars his arrows:

"A Lacedemonian being asked what had made him live so long in health answered, 'The ignorance of Physicke,'" which is perhaps more intelligent than most of the reasons that are given to the *Daily Mail* correspondent by our modern centenarians in reply to similar questions.

Again, "Adrian the Emperor as he was dying ceased not to cry out that the number of Physitians had killed

him." But, according to Nicocles, the Physicians have this good fortune—"that the sunne doth manifest their successe and the earth doth cover their fault."

It was the same Nicocles who, when "a Physitian boasted to him that his arte was of exceeding great authority, replied, 'It is true, for it may kill so many people without feare of punishment by the Laws.'"

Montaigne, tiring of quotation, proceeds to drive home the point by describing how physicians succeed in construing every symptom as a testimony to the efficacy of their treatment:

"For whatsoever Fortune or Nature produceth in us that is good or healthful, it is the privilege of the Physician to ascribe it unto himself; and touching ill accidents those either they utterly disavow, in imputing the blame to the patient, and when by their application the disease is grown desperate, to pay us with the assurance that if their remedies had *not* beene it would have beene much worse."

There is a certain permanency about these and similar astute criticisms that makes the three hundred and fifty years that have elapsed since they were written seem as one day; they are calculated to stir the conscience of the most hardened offender.

Montaigne was much wiser than the physicians of his own day. Speaking of the spas, he says, "Yet I have seen but few or none at all, whom these waters have made worse; and no man can without malice denie, but they stirre up a man's appetite, make easie digestion, and except a man goe to them overweake and faint (which I would have none doe) they will adde a kinde of new mirth unto him. They have not the power to raise men from desperate diseases. Whosoever goeth to them, and resolveth not to be merry, that so he may enjoy the pleasure of good company and of the pleasant walks or exercises: he without doubt loseth the better part and most assured of their effect."

This sums up very neatly what is the sane, moderate opinion to-day with regard to spa-treatment.

Montaigne repents a little toward the end of one of his essays and pays the profession a quaint, condescending compliment:

"As for me I honour Physitians, not according to the common-receiv'd rule, for necessitie sake, but rather for love I beare unto themselves; having seene some, and knowne diverse honest men amongst them, and worthy all love and esteeme. *It is not them I blame, but their Arte*; yet doe I not greatly condemne them for seeking to profit by our foolishnesse (for most men do so) and it is a thing common to all worldlings. I send for them when I am sicke, *if they may conveniently be found*; and love to be entertained by them, rewarding them as other men doe. I give them authority to

enjoyne me to keep myself warme, if I love it better so than otherwise. They may chuse, be it either leekes or lettuce, what my broth shall be made withall, and appoint me either white or claret to drink ; and so of other things else—indifferent to my taste, humour or custome."

Wise, kindly, shrewd old man ! There is much more that is interesting in his essays ; some of it, perhaps (as Fielding loved to write), "not very proper to be described," but not altogether devoid of amusement on that account.

It is to be remembered that Osler advised medical men to make these essays their constant companions—bedside books—advice not to be lightly disregarded coming from the greatest physician of our generation.

### LIONEL AND CLARISSA.

(Or "How they have one" in the manner of Isaac Bickerstaffe.)

SCENE I. *Diana Ward, morning. Clarissa and Lionel.*

CLARISSA (*after one hour's examination*) :

Indeed forsooth a pretty youth  
To play at doctoring me !  
At such an age methinks you'd swage  
Elsewhere your vanity.

Fie, let me go, Sir !  
Thump me ! No, no, Sir !

You pull me and bait me,  
Sit me up, ausculpate me ;  
Oh, must you palpate me ?  
I'll have you to know

I'm not for your game, Sir !  
Although I am lame, Sir ;  
Lord, have you no shame, Sir,  
To tumble one so ?

LIONEL (*in despair*) :

I ask you in vain  
To point to the pain ;  
Where harbours the torment I find ?  
In your head, in your heart ?  
It pervades every part—  
I suspect it's your tortuous mind.

Your knee-jerks I try,  
I've looked into your eye  
My medical chief to appease ;

But you hold yourself tense,  
You're unusually dense,  
And I simply can't name your disease.

SCENE 2. *Same, afternoon. Dr. Oldboy, Visiting Physician, clerks, nurses, patients, etc.*

OLDBOY (*aside to Sister*) :

Would you manage cases rightly ?  
You must watch them daily, nightly,  
Put a binder round them tightly ;  
Your discretion act upon—  
If they shout, a good wash-out  
Or some omnopon.

LIONEL (*reading notes*) :

Clarissa, 40, married, fat,  
A housewife with a single brat.  
Habits, only gin and beer,  
Full of doubt and full of fear.  
Comes to us  
With a lot of fuss,  
Because she's feeling "kind o' queer."

Yes, she is pale, severely ill,  
Her mucous membranes paler still ;  
She's lost a stone since May.  
Though her abdomen moveth well,  
It sometimes seems to me to swell  
In a funny sort of way.

[*A pause.*]

[*Choking*] :

Oh, Sir, at my age  
It's so hard to be sage,  
And harder still to point the way !  
But do or say  
What I may,  
That's all I've been able to find to-day.

[*Breaks down.*]

OLDBOY (*in a pet*) :

I wonder I'm sure why this fuss should be made ;  
You've paid no attention at all I'm afraid  
To what I have done or to what I have said.  
Have done my poor clerk with this hocus.  
Look—an obvious squint,  
My good man, take a hint !  
Don't it spell a tuberculous focus,  
With her fauces injected,  
And her tonsils infected ?  
There's a gland like an egg in her neck !  
If you'd use your own eyes,  
To great heights you might rise,  
But now you're a clumsy young wreck.

CLARISSA (*to Lionel*):

Oh dry those tears ! Like melted ore  
Fast dropping on my heart they fall.  
Think, think no more of me ; no more  
The memory of past scenes recall.

LIONEL :

On a wild sea of passion tossed  
I split upon the fatal shelf !  
House-job and pride at once are lost,  
And now I wish to lose myself.

[*He does so.*]

CURTAIN.

## WINTER SPORTING SCIENTIFICALLY.

**G**LASSIFY, classify, classify!" howl the Conjoint Board. After having entered several times for each of their examinations, the most artistic of us perforce come to look at life—*la vie sublime*—in terms of tabulation. Even the excitement of a dash to Switzerland has for me become resolved into the arid form of one of the Catechism Series.

I plan hazily and deliciously a tour in the dim future—ruminating on the mechanism of transportation. There are four possibilities : Thomas Tuck, Henry Bunn, George Bunn and—myself. My reasons for selecting the former are three : (1) He always finds my passport so nicely when I lose it ; (2) the Bunn brothers and their menials make more noise, but don't speak the language so well ; (3) I couldn't possibly find the way by myself. Having settled this knotty point, I eventually arrive at the collecting of my kit. Here classification is inevitable : for once I thank my stars for my Queen's Square experience when Gamages would have persuaded me to go away with four pull-overs, but nothing between them and the boots. When purchasing sporting garments of this nature, by the way, it is essential to have in mind the complete picture of some expert one has admired actually on the snow ; it is no use going by the drawings in the *Bystander* or *Vogue*, for possibly they are only being funny.

There are, then, four types of ski-runner commonly met with in the Highish Alps : (1) The type that doesn't ski-run at all, female, æt. 20, occupation, dancing ; (2) the novice ; (3) the tryer ; (4) the expert. We are here concerned only with No. 4, since the first two are easily distinguished by means of their beautiful new clothes, and the third tells you all about himself anyway.

On examination the expert looks healthy and is not

anæmic. Skin shows a number of ecchymoses, probably of some years' standing. Head rather swollen and covered with a silk tam-o'-shanter. Eyes do not appear to react—but he has snow-glasses on. Neck is not palpable because of the very old college scarf. Body and thighs wrapped in a waterproof coat, and corduroys which are just not tight enough to impede peristalsis or prevent the knee-jerk from being elicited. On his legs appear what once must have been puttees (worn, he says, for snow, not veins), and his boots are shapeless, inflexible, and not by any means to be removed. His gait, even during sleep, consists of a sliding motion, knees together and slightly flexed, one foot a little advanced. Compare the decubitus of the novice : feet flapping idly, lies on his side, legs drawn up, roused with difficulty, resents interference ; pupils react to fear, but not to light ; in fact he exhibits the typical signs of cerebral laceration. In the differential diagnosis we have also to consider two allied conditions—the man who is stacking wood over there, and that novice who is wearing his father's clothes.

*Depêchez, le temps s'avance !* As the three hours allotted to me slide gradually away, I become more and more catechismal.

Skaters may be acute or chronic. The acute form shows itself first in the egg-and-spoon race, but very soon comes out in a rash resembling that of ice-hockey, except that there is a tendency to play lying down, and the complications are often severe. Typically in the chronic variety the sufferer remains for many hours in the neighbourhood of an orange or other fixed point, during which time he performs rhythmical homolateral movements associated with heterolateral spasticity, while his numerous progeny wait in vain for him to come in to lunch. Fortunately with our improved methods of hygiene, oranges are much more rarely seen upon the rink these days.

Describe the signs, symptoms and treatment of curling. Curling is a disease of sedentary middle life, and may be primary or secondary, according to whether curling has come down to the patient, or the patient has come down to curling. Habits : Alcohol and tobacco. Aëtiology : Epidemic in the immediate neighbourhood of large hotels, wherever there is very smooth ice. The virus is transmitted by direct contact often at the bridge-table, or by brooms, stones and other utensils. Chief signs are the usual stigmata of hysteria occurring in elderly and hitherto respectable men without apparent cause, with occasional bouts of acute mania characterized by the emission of typical cries such as " Sweep, sweep, sweep !" " Stay with it !" " A good stone !" " Never, never lea-eave it !" Symptoms : Shortness of breath and pain in the lower part of the back, especially

in those primary cases who have not been on ice much before. Treatment is mainly palliative. Many of these patients are not fit subjects for any drastic form of operation. Good results have been obtained by strict isolation in a warm climate, far from all forms of ice, and by the use of suggestion, or, better still, re-education.

But the three hours is up and there are still those questions about the hotel and the night-life, and I haven't read my answer through, and why the deuce didn't I classify a bit more? Oh, curse, another pink paper! But, I rave . . .

### TIMOTHY DORY.

**A**LL you who are inmates of Harley and Kenton,  
And rapid and early recovery bent on,  
If possibly facing your first operation  
With feelings far other than those of elation,  
Reflect on the fortunes of Timothy Dory  
—Just listen to me and I'll tell you his story.  
As a baby poor Tim underwent circumcision  
(The surgeon did this with great skill and precision),  
And Tim lived in peace till he swallowed his uvula,  
A structure in him unexpectedly tubular.  
His tonsils were found to be slightly hypertrophied,  
And adenoids also old Doctor Guy certified;  
So out came his uvula, tonsils, and adenoids,  
For Timothy's snoring the neighbourhood had annoyed.  
Thus shorn of these structures Tim saw the years roll on,  
Then found he'd a morbidly movable colon.  
No sooner had this been put back in position  
Than off he departed to see a physician,  
Who diagnosed gall-bladder trouble, and told Tim  
He'd best have it out; which he did. Now behold him,  
A month or two later, beginning to worry  
Because of slight pain after eating some curry.  
An eminent specialist, Dr. Bald-Patter,  
Assured poor old Tim there was nothing the matter;  
But this made him furious, and straightway the angry  
ass  
Went off to another, who diagnosed Pancreas.  
But what do you think that the surgeons espied  
When they'd opened him up, and were looking inside?  
A horrible worm, of the Class Trematoda,  
With bulgings and kinks like a Chinese pagoda,  
Was poking its head out from under the liver,  
And spewing saliva about in a river.  
So you see, if they hadn't decided to look,  
That worm would be still there—'twas only a Fluke,

And when they had polished the worm that was spitting,  
They took the appendix out at the same sitting.  
The spleen and left kidney were rather injected,  
The lower intestine with fauna infested;  
The op. that was done would have gladdened Arbuthnot;  
The surgeon declared, "More than this now Ar muth  
not."

Convalescent from this, poor old Tim was run over,  
And thought, with a shudder, his earthly fun over;  
Yet bravely went on, minus nether extremities,  
Though given less often to social amenities.  
His arms next gave rise to myxomatous masses,  
Which each held as much as a couple of Basses;  
So Tim, with regret, had to part with them also,  
Though this loss our sorry old friend did not gall so  
As losing his tongue for acquired Macroglossia  
(Which, strangely enough, made his hair all the glossier).  
His ears, too, were lopped off for bad Telangiectasis,  
Yet, when he came round, he went off into ecstasies,  
And felt towards all men in a mood most forgiving  
To find himself still in the land of the living.  
Of what was cut off at the ops. most conservative,  
He had all the specimens put in preservative,  
And placed in his bedroom, where, just before sleeping,  
At them poor old Tim's in the habit of peeping.  
There with fondness he looks on the things that have  
been  
—Kidneys, tonsils and adenoids, uvula, spleen,  
Legs, arms, ears, tongue, appendix, intestine and gall-  
bladder,  
And none in the world than friend Tim is at all gladder.

ALEX. E. ROCHE.

### THE SURGEON'S SON.

(After Mr. Thomas Hardy.)

**E**ATHER I fear your trade;  
Surely it's wrong;  
Some simple Smithfield jade  
Warded life-long.

She trussed and tied to beams,  
Put up in plaster,  
Slung till her poor life seems  
To slide slowly past her:

Don't be a dolt, my boy!  
Girls must be cured;  
My lot is such employ,  
And her life's insured.

## THE SAINT BARTHOLOMEW'S HOSPITAL AMATEUR DRAMATIC CLUB.



THE Christmas Entertainment of the Amateur Dramatic Club was held on January 6th, 7th and 8th. It was, as usual, an emphatic success, and the Great Hall was each night filled to overflowing.

The first play performed was "Snobs," by Temple Thurston. Gerald Cumberland relates that on the first night of one of his plays, Thurston, gratified by the cries of "Author! author!" came smilingly to the front of the stage, only to be received by loud and continuous booing. It is not impossible that "Snobs" was the despised play.

The acting, however, redeemed the play from futility. Mr. D. A. Brigg was at his best as Lord William Savile—a part which suited him admirably; Mr. Holdsworth was excellent as the vulgar snob, while Mr. Barnes was a pleasant figure of comedy as the butler.

Mr. Robb-Smith was amazing—he made incomparably the best "lady" that we have seen on the stage, and he contrived to maintain this atmosphere of femininity to the end without a flaw.

We heard two complaints made against "E. & O.E." Some disliked it as a morbid and cruel satire, but we own up to having enjoyed it immensely. There is a strong vein of humour in it which lights up the grim satire and the unpleasant subject. The second criticism, that the hero, like King Charles, took an "unconsciousable time in dying," is true enough, and if, unlike that gentleman, he did not placate us with an apology, it must be added that Mr. Barnsley died uncommonly well; and he played a difficult part with a quiet ease that carried conviction. Our recollection of the Little Theatre production is that his performance was not bettered.

He was very ably supported by Miss McLeod, who, as the maleficent mother-in-law, portrayed an unsympathetic character with considerable spirit, and by Miss Deverel, who accomplished a difficult piece of acting with much skill.

Mr. Roxburgh was genuinely comic as the dead man's impersonator, and Mr. Colart have a workmanlike portrayal of the solicitor.

It cannot be denied that the last part of the programme was the most popular, and the Dramatic Club should remember this in future years. The "Watchers of the Dawn" Concert Party consisted of Messrs. Gilsenan, Helme, Holdsworth, Mellows, Roxburgh, Royle, with

Mr. Payne as producer. It is impossible to speak of individual turns, but Mr. Gilsenan's accompanying was a delight to the ear, Mr. Helme sang and danced very skilfully in the musical comedy way, the whole company was admirable in concerted items, and we should have been glad to hear more of the part singing.

A certain lady withstood the notorious "Shingling" song on three successive evenings with amused composure, and we have the highest admiration for her performance.

The intervals were enlivened by Mr. Gibson's band, which added not a little to the gaiety of the evening.

Mr. Capps stage-managed the show for, we believe, the fifth year in succession, and the success of the entertainment says much for his skill.

## ABERNETHIAN SOCIETY.

THE mid-sessional address was given to the Society by Prof. Leonard Hill on January 21st, 1926, before an enthusiastic audience in the Medical and Surgical Theatre.

The minutes of the last meeting were read and signed, and the chairman, Mr. Hubble, introduced Prof. Hill in a few well-chosen words.

Prof. Hill's subject was "Ultra-violet Light and Health," and was illustrated throughout by lantern-slides portraying points of statistical scientific interest, intermingled with Bateman cartoons.

The first slide showed us the ideal at which we should aim in perfecting our physical bodies to play a man's part in the struggle for existence. The picture was that of a student (a German one), whose skin was tanned by sunlight and whose lithe figure was a pleasure to behold. In contrast to this we were amused by Mr. Bateman's caricature of the "city clerk"—a wretched, bent figure with a gastro-intestinal facies, surveying a plate of "egg and veg." after the manner of a dyspeptic.

The next slide showed us this same figure after a course of treatment from a sergeant-major between 1914-1918—a robust young animal with his anorexia and sunken chest departed like evil spirits, and ingesting enormous quantities of vitamins at the expense of the taxpayer.

Prof. Hill then proceeded to decry the deplorable conditions of living in large towns. The pollution of the air with soot, gases, dust, etc., was a serious menace to the health of those compelled to live in such surroundings. Amongst the latter there was a great increase in the death-rate from bronchial disease; the growth of vegetables and other plants as well as the growth of human beings was impeded, and with this a deficiency in the vitamin factor in raw foods, corrosion of masonry, iron pipes, buildings, etc., led to a serious loss of money every year. The cost of keeping Manchester clean was £250,000 per annum.

Immunity depends largely on the health of the respiratory mucous membrane. Cilia play a large part in bringing about this immunity. With their increased activity more blood and lymph are attracted towards the epithelial cells and the respiratory mucous membrane is better nourished.

In speaking of rickets, Prof. Hill told us that vitamin A was activated cholesterol, and that cholesterol could become activated by ultra-violet rays. Ultra-violet rays are, therefore, of immense value in the treatment of rickets.

Another interesting fact about the treatment of rickets by ultra-violet rays from a mercury vapour lamp is the fact that the calcium and phosphorus (which are deficient in rickets) are actually increased.

The spectrum consists of rays divided into five groups, according to their wave-length :

|  | Wave-length.   |
|--|----------------|
| X-rays and radium rays . . . . .                       | $0.01\mu$ .    |
| Ultra-violet . . . . .                                 | $\{ 0.10\mu$ . |
| Visible spectrum . . . . .                             | $\{ 0.40\mu$ . |
| Infra red rays . . . . .                               | $\{ 0.70\mu$ . |
| Hertzian oscillations (wireless waves). Several kilos. | $0.74\mu$ .    |
| $\mu = \frac{1}{1000}$ millimetre.                     | $0.8\mu$ .     |

The melanin in the skin acts as a screen to the ultra-violet rays. If a cylinder containing quinine is interposed between the skin and the source of the ultra-violet light no erythema results, whereas a similar dose applied to unprotected skin would produce an erythema. The rays of the sun concentrated upon the skull are capable of producing sunstroke on account of the penetrating powers of the ultra-violet rays, which reach the blood in the superficial capillaries of the cerebrum.

The most convenient method of giving ultra-violet rays in therapeutics is by means of the mercury vapour lamp.

The effects of these rays may be epitomized as follows :

- (1) They are haemobactericidal.
- (2) Living epidermal cells are killed.
- (3) Protein disruption takes place.
- (4) The phosphorus in the blood is increased.
- (5) The calcium content of the blood is altered.
- (6) Pigment is deposited in the deeper layers of the epidermis.
- (7) Tyrosine in the blood becomes altered into pigment.

Prof. Hill showed us some slides of the new monkey house at the Zoo, where these creatures enjoy and thrive on ultra-violet rays. A series of slides of surgical tuberculosis cases were shown. The results following sunlight and ultra-violet ray therapy appear to be nothing short of miraculous. Wasted, miserable children with multiple sinuses and deformed spines and joints became well developed, fit and cheerful in the course of a few months.

A few more Bateman cartoons terminated a most popular and appreciated address.

Dr. ROXBURGH proposed a vote of thanks, and expressed his appreciation of the fact that Prof. Hill had "poured the light of cold reason into the rosy fog surrounding ultra-violet light therapy."

Mr. BOLTON, in seconding a vote of thanks, surpassed himself with witticisms, and was grateful to have received "light on light."

## STUDENTS' UNION.

### RUGBY FOOTBALL CLUB.

#### ST. BARTHOLOMEW'S HOSPITAL v. HARLEQUINS.

Played at Winchmore Hill on January 2nd, 1926.

The ground was suffering from the effects of heavy rains, and consequently the going was very heavy for our first match in 1926. From the kick-off the game resolved itself into one of the forward type, and Bart.'s were rather unlucky not to have scored on two occasions during the first half. Row slipped up in the mud when endeavouring to take a long pass with no one to beat had he secured it, and Stokes dribbled the ball over the try-line, but just failed to touch down. Our forwards played well together in the first half, and the Harlequins were kept on the defensive in their own territory. During the later stages of the game, however, the Bart.'s forwards began to tire and the Harlequin pack repeatedly secured the ball for their backs, who handled cleverly and made the most of their opportunities.

Stokes was very effective as a winging forward and H. MacGregor played well at fly-half.

Result : Harlequins, 14 pts.; Bart.'s, nil.

*Team : W. F. Gaisford (back); E. V. H. Pentreath, T. J. Ryan, A. W. L. Row, T. L. Griffiths (three-quarters); W. E. Underwood, H. MacGregor (halves); R. H. Bettington, J. W. D. Butterly, K. R. Stokes, C. R. Jenkins, W. S. Morgan, J. A. Edwards, R. N. Williams, G. Colenso-Jones (forwards).*

#### ST. BARTHOLOMEW'S HOSPITAL v. PLYMOUTH ALBION.

Played at Winchmore Hill on January 9th, 1926.

The return match with Plymouth Albion again revealed our superiority over that club. During the first half we saw an exhibition of excellent football. Bart.'s forwards asserted their superiority from the beginning, and gave their backs plenty of work to do in attack. Our first try came after twenty minutes' play from a good passing movement instituted by H. MacGregor and terminated by Bettington. Soon afterwards Guinness intercepted a pass in the Albion "twenty-five," and having drawn their full-back passed to A. W. L. Row, who registered another try. Bart.'s continued to attack and looked like scoring on several occasions. The Albion's try resulted from a forward dribble, and might have been prevented had one of several who had the opportunity gone down on the ball.

The second half was devoid of further scoring, although keenly contested. A run by Ryan would have resulted in a try had not his wing been lying too far up to receive his pass.

Result : Bart.'s, 6 pts.; Plymouth Albion, 3 pts.

*Team : E. V. Frederick (back); A. H. Grace, T. J. Ryan, H. W. Guinness, J. T. Dunkerley (three-quarters); H. MacGregor, W. S. Maclay (halves); R. H. Bettington, C. R. Jenkins, J. A. Edwards, K. R. Stokes, J. W. D. Butterly, A. W. L. Row, R. N. Williams, G. L. Colenso-Jones (forwards).*

It is with regret that we hear W. S. Morgan has left the Hospital, and will no longer be available to strengthen our Rugger side in the forthcoming contests for the Inter-Hospital Cup.

#### ASSOCIATION FOOTBALL CLUB.

##### 1ST XI v. OLD CHOLMELEIANS.

The 1st XI met the Old Cholmeleians at Winchmore Hill on January 2nd and lost 2-5. The ground was in a very bad state and play was far from accurate. In accuracy the Old Boys excelled themselves, their combination being, under the circumstances, very good, yet it was some time before the weak Hospital defence was beaten, and this was repeated shortly before half-time. After the interval the Old Boys pressed and soon had added two more. At this point the Hospital team played as a team and reduced the lead, first by Mailer, and later by Stark. In the last minute the Old Boys broke through and scored again.

*Team : L. B. Ward, goal; T. F. Tierney, J. Huntley, backs; A. Caplan, J. R. Crumbie, S. Jenkinson, halves; A. M. Gibb, W. A. Mailer, I. E. Phelps, H. Stark, J. G. Cunningham, forwards.*

##### 1ST XI v. OLD CARTHUSIANS.

On Saturday, January 9th, the 1st XI travelled to Godalming to meet the Old Carthusians, who won 2-1 after a very good game. The ground was dry and the game fast and even, and it was some time before the Old Boys scored. The Hospital pressed, but were playing a better team and were unable to make much headway. After half-time the exchanges were faster than before, and at last Clark dispossessed the goal-keeper and put in a good shot, which an opponent helped into the goal. The hard game was beginning to tell on the Hospital, but it was quite late in the second half before the home side scored again.

*Team : L. B. Ward, goal; A. Bennett, W. A. Bellamy, backs; J. R. Crumbie, C. Keane, S. Jenkinson, halves; A. Caplan, W. A. Mailer, A. Clark, W. J. Burgess, J. Huntley, forwards.*

## FIVES CLUB.

Owing to the Christmas holidays and the consequent difficulty of raising teams few fixtures had been arranged for the last month. Even so one fixture had to be scratched at the last moment. The Fives Singles Cup will be held this year by K. W. Mackie, who beat N. E. Cook 15-9, 15-6, 13-15, 15-8.

Results of matches :

|  |               |
|--|---------------|
| v. Old Sinjuns . . . . .                 | Won 120-26.   |
| v. University College Old Boys . . . . . | Lost 112-119. |
| v. Old Paulines. Scratched.              |               |

The list is now up for entries for the Fives Doubles Competition. It would save much trouble if all names were entered before the end of this month.

## CORRESPONDENCE.

## JOURNAL OFFICIALS.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR.—With reference to your letter of December 20th, 1925, I have pleasure in informing you that at yesterday's Council Meeting of the Students' Union the following appointments were confirmed : viz. (1) Mr. D. V. Hubble to be editor in place of Mr. Ralph Bolton, who has resigned; (2) Mr. F. C. Roles to be assistant editor.

The Council also wish me to convey to the JOURNAL Committee their deep appreciation of the services Mr. Bolton has rendered to the JOURNAL and the Students' Union during his office as editor.

Yours very sincerely,

St. Bartholomew's Hospital,  
London, E.C. 1;

ARTHUR C. BELL,  
Hon. Sec. Students' Union.

January 12th, 1926.

## REVIEWS.

THE CHEMICAL AND PHYSIOLOGICAL PROPERTIES OF THE INTERNAL SECRETIONS. By F. C. DODDS, B.Sc., M.B., B.S., and F. DICKENS, M.A., Ph.D. (Oxford Medical Publications.)

One would expect a work with this comprehensive title to consist of a series of lengthy and detailed volumes suitable for reference only. The authors, in a volume of 200 pages, have presented the essence of most of the work that has been done on internal secretions, and have, where necessary for their purpose, consulted the patent literature for details of manufacture. Although of special appeal to research workers and those concerned in the preparation of these substances, it is a book that can be read with interest by anyone with a knowledge of the principles of physiology.

There is an ample bibliography with a very useful index of authors. It will serve as an excellent guide to the extensive literature of the subject.

FUNDAMENTAL PRINCIPLES IN TREATMENT. By HARRY CAMPBELL. (Baillière, Tindall & Cox.)

Criticism of this book, or indeed praise of it, naturally becomes directed into two channels—that of its matter and that of its manner. There are few writers upon medical subjects who have an easier style or one more readable than has Dr. Campbell. So facile is it that it is doubtless a mirror of his mind. So winsome is its readiness that criticism, as in the case of many politicians, is already half disarmed before the battle is begun.

The matter of the book is full of common sense; in places this almost borders on triteness, but always does the ready pen save the day. Any one volume that contains fifty chapters from among which as samples can be taken "The Education of the Physician," "Rationalism and Empiricism," "Poisons absorbed from the Alimentary Tract," "Sera and Vaccines," "Treatment Directed to Defects in Respect of Endocrines and Enzymes," must obviously either be of unwieldy size or else a failure as a comprehensive work.

Dr. Campbell's book contains 477 pages. If, however, it is judged as an expression of the author's opinions there can be nothing but praise for the attempt. Its value is largely seen in his views as to

the making of a physician. He is right in asserting that the laboratory is alone a very poor training-ground; in stressing the fact that the patient is also a human being; that the doctor who realizes this and who can understand his patient's personality has a practical power that can be replaced by no amount of academic brilliance. The book here and there appears a little redundant, and leaves an impression that here is an immense amount of good sense that could have been improved as regards its setting if the author had found writing a little less easy. Less facility would have produced a more concentrated and therefore a more pungent solution. Rather fewer ingredients would have effected a less multifarious and so a more definite after-taste.

TEXT-BOOK OF SURGICAL PATHOLOGY. By JENNINGS MARSHALL and ALFRED PINEY. (Arnold.) Price 21s. net.

To take the good points of this book first, the paper and binding are excellent, the book is small—450 pages—the subject-matter is readable. By this we mean that the matter is set out in a manner which is both interesting and arresting.

Though clearly paragraphed, the numerous headings do not show much sign of any serious attempt at classification. Each subject is dealt with on its own classification, and many unnecessary headings are introduced, while fundamental groupings are jumbled into a single paragraph.

On this account we feel that this is not a suitable book for a beginner. For him the essential thing is clear, simple, standardized classification.

For the advanced student "brushing up" his knowledge we can heartily recommend this book. It is thoroughly up-to-date and mentions most important conditions.

AIDS TO SURGICAL DIAGNOSIS. By C. P. G. WAKELEY. (Baillière, Tindall & Cox.) Price 3s. 6d.

This book is rather a very condensed surgical text-book than an aid to diagnosis. There is very little mention of differential diagnosis, and very little stress laid on practical clinical methods. As usual, advanced cases are described, and very little importance is laid on such early signs as *tenderness* in acute osteomyelitis, the *tenderness* and *increase in tension* of a strangulated hernia.

We regret that in connection with the diagnosis of strangulated hernia there still appears the following description: "All signs of shock are present, pulse rapid, haggard drawn face, absolute arrest of faeces, . . ." Until students are impressed with early signs, diagnosis will always be late, and any book giving the above description is dangerous.

ARTIFICIAL SUNLIGHT AND ITS THERAPEUTIC USES. By FRANCIS HOWARD HUMPHRIS. Second edition. (Oxford Medical Publications.) Pp. xvi + 203. Price 8s. 6d. net.

ULTRA-VIOLET RADIATION AND ACTINOTHERAPY. By ELEANOR H. RUSSELL and W. KERR RUSSELL. (Edinburgh: E. & S. Livingstone.) Pp. 262.

As these two books deal with the subject of actinotherapy from similar points of view, they may be reviewed together.

Dr. Humphris is a well-known worker in the field of electro-therapeutics and his book appears in its second edition.

Drs. E. H. and W. Kerr Russell are both general practitioners, and the clinical material described in their book is drawn almost entirely from their own practice. They are to be heartily congratulated on their work.

Both books are clearly written and form excellent introductions to the study of actinotherapy, either for the student or for the practitioner of artificial sunlight treatment.

In both books the subject is reviewed historically; the chemical, physical and biological effects of ultra-violet light are then considered, and the later chapters devoted to the apparatus used, the technique and the therapeutic indications of the method.

Light-treatment is bound to play an increasing part in therapeutics. The visible spectrum is but a fraction of the electro-magnetic spectrum, and to-day practically the whole range of this has been explored—from the very short gamma rays of radium, through the X-rays, the ultra-violet rays, the visible spectrum, the infra-red region, to the Hertzian oscillations, which extend to several kilometres in length.

With some exceptions the therapeutic side of ultra-violet radiation is largely experimental. As clinical material accumulates the value of this method will be adjudged.

Both books are interesting and well worthy of perusal. The one, by the Drs. Russell contains a full bibliography.

**ELEMENTS OF SURFACE ANATOMY.** By I. MACLAREN THOMPSON. (Livingstone.)

The title of this book does not give the full idea of its scope.

It is an excellent little manual, and transforms what is ordinarily a dull subject into a very readable subject by the addition of a judicious amount of applied clinical work. Surface anatomy is usually crammed during the last week. This book should stimulate the student to master the subject early in his course.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ANDREWES, Sir FREDERICK W., O.B.E., M.A., F.R.C.P., M.D., F.R.S. "The Value of Modern Laboratory Methods." *Practitioner*, January, 1926.
- ARMSTRONG, R. R., M.D., M.R.C.P. "Studies on the Nature of the Immunity Reaction." *Proceedings of the Royal Society of Medicine*,
- BERTWISTLE, A. P., M.B., Ch.B., F.R.C.S. "Treatment of Chronic Varicose Ulcer." *British Medical Journal*, January 23rd, 1926.
- BRIDGES, ROBERT. *New Verse*. Clarendon Press, 1925.
- BURNE, T. W. H., M.B., B.S. "Appendicitis in a Hernial Sac." *British Medical Journal*, January 16th, 1926.
- BURROWS, HAROLD, C.B.E., F.R.C.S. "Pulsating Goitre with Recurrent Dislocation of Eyeballs." *British Journal of Surgery*, January, 1926.
- BUTLER, T. HARRISON, M.A., M.D. (and R. N. GILLAN, M.B., Ch.B.). "The Clinical Value of Borocaine in Ophthalmology." *British Medical Journal*, January 16th, 1926.
- CAMMIDGE, P. J., M.D., M.R.C.S., L.R.C.P. "The Effects of Pancreas Preparations by the Mouth upon Carbohydrate Metabolism." *Ibid.*, December 26th, 1925.
- CLARK, A. J., M.C., M.D., F.R.C.P., D.P.H. "The Compilation of Pharmacopœias: Including a Comparison of the United States and the British." *Ibid.*, January 2nd, 1926.
- COPELAND, A. J., M.A., M.B., D.P.H., B.Sc. "Beta-Eucaine Borate." *Ibid.*, January 16th, 1926.
- COYTE, RALPH, M.B., F.R.C.S. The Clinical Use of Bovocaine Borate and Beta-Eucaine Borate for Urethral Anaesthesia." *Ibid.*, January 16th, 1926.
- CROWTHER, C. R., M.D., B.Ch. "On the Somatic Origin of Malignant Disease." *Ibid.*, January 23rd, 1926.
- DALTON, P. P., M.R.C.S., L.R.C.P. "Mitral Stenosis and Pulmonary Haemorrhage; Venesection; Recovery." *Ibid.*, January 9th, 1926.
- EVANS, GEOFFREY, M.D., F.R.C.P. "Clinical Characteristics of Hyperpiesia." *Ibid.*, December 19th, 1925.
- GIUSEPPI, P. L., M.D., F.R.C.S. "Treatment of Uterine Fibroids by Myomectomy." *Ibid.*, December 26th, 1925.
- HADFIELD, GEOFFREY, M.D. (CAREY F. COOMBS, M.D., and G. H.). "Ischaemic Necrosis of the Cardiac Wall." *Lancet*, January 2nd, 1926.
- HALDIN-DAVIS, H., M.D., F.R.C.S. "The Treatment of Impetigo Contagiosa." *Lancet*, December 10th, 1925.
- HALL, ARTHUR J., M.A., M.D., F.R.C.P. "Post-Encephalitic Parkinsonism: Results of Treatment by Belladonna." *British Medical Journal*, January 23rd, 1926.
- HAMER, Sir WILLIAM A., M.D., F.R.C.P., D.P.H., and HUTT, C. W., M.D., D.P.H. *A Manual of Hygiene*. 1925. London: Methuen & Co., Ltd., 1925.
- HAMMOND, T. E., F.R.C.S. "Diathermy in the Treatment of Prostatic Obstruction." *British Medical Journal*, January 16th, 1926.
- HECKFORD, FRANK, M.R.C.S., L.R.C.P. "Two Cases of Acute Retrobulbar Neuritis." *Ibid.*, January 16th, 1926.
- HOWELL, B. WHITCHURCH, F.R.C.S. "A New Operation for Opponens Paralysis of the Thumb." *Lancet*, January 16th, 1926.
- HURRY, JAMESON B., M.A., M.D. *I Circoli Viziosi in Patologia*. Traduzione dalla 3<sup>a</sup> edizione inglese riveduta ed accresciuta dal Dott. G. DRAGOTTI, con Prefazione del Prof. VITTORIO ASCOLI. Roma, 1925.
- *La Poverità ed i suoi Circoli Viziosi*. Con Prefazione die A. GRAZIANI, Adattato ai lettori Italiani da G. MASCI e tradotto da F. MILONE. Torino, 1926.
- HUTT, C. W., M.D., D.P.H. See Hamer and Hutt.
- JORDAN, ALFRED C., C.B.E., M.D., M.R.C.P. "X-Rays in the Diagnosis of Gastro-Intestinal Disorders." *Practitioner*, January, 1926.
- KEYNES, GEOFFREY, M.D., F.R.C.S. "The Treatment of Chronic Mastitis." *Lancet*, January 2nd, 1926.
- "Rhabdomyoma of the Tongue." *British Journal of Surgery*, January, 1926.
- KLIOMSKY, G., M.B., B.S. "A Case of Ischaemic Necrosis." *Lancet*, January 9th, 1926.
- LLOYD, ERIC I., M.B., B.Ch., F.R.C.S. "Mucous Cyst of Tongue." *British Journal of Surgery*, January, 1926.
- MYERS, BERNARD, C.M.G., M.D., C.M. (1) "Case of Transposition of Viscera"; (2) "Case of Congenital Cyanosis." *Proceedings of the Royal Society of Medicine*.
- NIXON, J. A., C.M.G., M.D., F.R.C.P. "Insulin Treatment of Diabetes, with Particular Reference to the Complications of Diabetes and to Surgery in Diabetes." *British Medical Journal*, January 16th, 1926.
- OBERMER, E., M.R.C.S., L.R.C.P. "Pituitary Extract to Correct Constipation due to Morphine." *Ibid.*, January 2nd, 1926.
- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Eponyms: Thomas's Hip Splint." *British Journal of Surgery*, January, 1926.
- ROBINSON, WILLIAM, M.S., F.R.C.S. "On Hernia through the Orbit of the Pelvic Diaphragm in Women (Prolapse of the Uterus) and its Radical Cure." *Clinical Journal*, January 6th, 1926.
- ROLLESTON, Sir HUMPHRY, Bart., K.C.B., M.D., D.C.L., Hon. D.Sc.(Oxon), LL.D., P.R.C.P. "Introduction to Modern Methods of Diagnosis." *Practitioner*, January, 1926.
- SHAW, ERNEST H., M.R.C.P. "Thyroid Gland Tissue in Dermoid Cyst of Ovary." *British Journal of Surgery*, January, 1926.
- SHAW, WILFRED, M.A., M.B., B.Ch., F.R.C.S. "The Fate of the Graafian Follicle in the Human Ovary." *Journal of Obstetrics and Gynaecology of the British Empire*, Winter No. 1925.
- WHARRY, H. MORTIMER, F.R.C.S. "Three Cases of Middle Ear Disease with Intracranial Complications." *British Medical Journal*, January 16th, 1926.
- and TEICHMAN, OSKAR, M.R.C.S. "Lupus of the Nose and Upper Air Passages treated by Radium." *Lancet*, December 19th, 1925.
- YOUNG, F. H., M.B., M.R.C.P. "A Case of Calcification of the Pleura of an Unusual Type." *Ibid.*, December 12th, 1925.

## EXAMINATIONS, ETC.

### UNIVERSITY OF OXFORD.

*Final Examination for the degrees of B.M., B.Ch., December, 1925.*  
*Materia Medica and Pharmacology*.—A. J. M. Melly.  
*Pathology*.—W. H. Hudson.  
*Forensic Medicine and Public Health*.—R. H. B. Bettington,  
 N. Chilton, K. A. Hamilton.  
*Medicine, Surgery and Midwifery*.—F. J. Bach, R. H. B. Bettington,  
 N. Chilton.

### UNIVERSITY OF CAMBRIDGE.

The following degrees have been conferred:  
*M.B., B.Chir.*.—W. G. Scott Brown.  
*B.Chir.*.—E. J. E. Topham.

*First Examination for Medical Degrees, December, 1925.*  
*Part IV. Elementary Biology*.—D. P. McCoy.

*Second Examination for Medical Degrees, December, 1925.*  
*Part I. Organic Chemistry*.—D. Hay.

*Third Examination for Medical Degrees, December, 1925.*

*Part I. Midwifery, Surgery and Gynaecology*.—G. C. Woods-Brown, H. A. Clegg, W. F. Cooper, R. Cunningham, H. V. Dicks, J. Dockray,

S. J. P. Gray, H. J. Heathcote, G. G. Holmes, J. H. Humphris, D. McI. Johnson, A. V. Mackenzie, Hon. W. S. Maclay, H. P. Nelson, F. B. Parsons, F. C. Roles, J. B. W. Roberton, G. L. F. Russell, G. Simon, A. W. Spence, G. M. Tanner, H. L. Wilson, R. M. Windley, F. G. Winterton, A. T. Worthington.

*Part II. Principles and Practice of Physic, Pathology and Pharmacology.*—W. A. Barnes, R. T. Chadwick, H. A. Clegg, G. H. Day, J. C. Hogg, R. L. Rhodes, H. B. Stallard, E. J. E. Topham.

#### UNIVERSITY OF LONDON.

##### M.S. Examination.

*Branch I. Surgery.*—J. B. Hume.

*M.D. Examination, December, 1925.*

*Branch I. Medicine.*—J. Maxwell.

*Branch III. Psychological Medicine.*—A. Walk.

*Branch V. State Medicine.*—J. V. Landau.

*First Examination for Medical Degrees, December, 1925.*

*Passed.*—A. Barber, C. M. Bell, S. Bocheneck, W. J. Burgess, H. Coorland, R. W. Dunn, \*P. Frankenberg, L. J. Lannaman, G. S. R. Little, K. M. Ross, T. F. Tierney, J. H. West.

\* Distinguished in Chemistry.

#### CONJOINT EXAMINING BOARD.

##### Pre-Medical Examination.

*Chemistry and Physics.*—E. L. Allen, E. E. Dodson.

*Chemistry.*—W. J. Burgess, H. Simmons.

*Physics.*—C. A. George, H. D. Robertson, J. B. Rubenstein.

*First Examination.*

*Physics.*—D. H. Edwards.

#### ROYAL COLLEGE OF SURGEONS.

The following were successful in the Primary Fellowship Examination held in December, 1925:

E. S. Evans, W. J. Wilkin.

#### ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

The Diploma in Tropical Medicine and Hygiene has been conferred on R. A. Mansell.

The Diploma in Public Health has been conferred on H. C. M. Williams.

#### SOCIETY OF APOTHECARIES OF LONDON.

The following has taken the Diplomas of L.M.S.S.A.:  
T. A. Lazaro.

#### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following have been admitted Fellows:  
C. F. Krige, J. A. Panton.

#### CHANGES OF ADDRESS.

ANDERSON, H. G., West China Union University, Chengtu, Szechuan.  
BINNS, J. B., The Lawn, Dunstable, Beds.  
CAPPS, F. C. W., 43, Queen Anne Street, W. 1. (Tel. Mayfair 2034).  
CURRY, Squadr.-Ldr. E. F. N., R.A.F. (M.S.), R.A.F. Base, Calafraña, Malta.  
DIEMER, P. H., 15, Shakespeare Villas, Nottingham.  
HAMERTON, J. R., Rahere House, Western Esplanade, Herne Bay, Kent. (Tel. 377).  
HECKFORD, F., 46, East Street, Chichester.  
LEONARD, W. H., Maj. I.M.S., c/o T. Cook & Son, Bombay, India.

#### APPOINTMENTS.

BINNS, J. B., M.R.C.S., L.R.C.P., appointed Medical Officer to the Dunstable and District Joint Isolation Hospital.  
CASTLEDEN, L. I. M., M.B., B.S.(Lond.), appointed Junior House Surgeon to the Royal West Sussex Hospital, Chichester.  
CHURCH, J. E., M.R.C.S., L.R.C.P., appointed Casualty Officer and Resident Anaesthetist at Addenbrooke's Hospital, Cambridge.  
COYTE, R., M.B., B.S.(Lond.), F.R.C.S., appointed Assistant Surgeon to Queen's Hospital for Children, Hackney Road, E.

DIETRICH, G., M.R.C.S., L.R.C.P., appointed House Surgeon to the Huntingdon County Hospital, Huntingdon.

HARTSILVER, J., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Hove Hospital.

HORDER, C. A., M.B., F.R.C.S., appointed Honorary Surgeon in Charge of Orthopaedic Department, Tunbridge Wells General Hospital.

HUTT, C. W., M.D.(Camb.), D.P.H.(Oxon.), appointed Lecturer on Hygiene and Public Health, Charing Cross Hospital Medical School.

WEST, R. G. R., M.B., B.S.(Lond.) D.P.H., R.C.P.S., appointed House Surgeon, Portsmouth Royal Hospital, Portsmouth.

#### BIRTHS.

CROOK.—On January 18th, at 15, South Eaton Place, S.W. 1, to Elizabeth, the wife of Eric A. Crook, F.R.C.S.—a son.

LANGTON.—On January 1st, at Kampala, to Muriel (née Hodding), the wife of Dr. E. A. C. Langton, Mbarara, Uganda—a son.

MAITLAND.—On January 8th, at Golders Green, to Joyce Muriel Ward (née Knight), wife of Charles Titterton Maitland, M.D., M.R.C.P.—a daughter.

#### MARRIAGES.

LYNN—BALLANTYNE.—On December 17th, at Christ Church, Cawnpore, by the Rev. Canon B. H. P. Fisher, Major G. Rigby Lynn, Indian Medical Service, to Marjorie Norman Ballantyne.

NUTTALL—MORGAN.—On January 16th, at Folkestone, Walter Wingfield Nuttall, M.D., of Brookfield, Shorncliffe Road, Folkestone, to Beatrice Verena, youngest daughter of the late Richard Fisher Hamilton, Esq., J.P., of Slane House, co. Meath, Ireland, and widow of James Alexander Morgan, of Swardling, Hythe, Kent.

#### DEATHS.

BLOXAM.—On January 12th, 1926, John Astley Bloxam, F.R.C.S., J.P., of The Old Malt House, Bourne End, Bucks, aged 82.

BROWNE.—On January 5th, 1926, at Firwood, Trumpington Road, Cambridge, Edward Granville Browne, Fellow and President of Pembroke College, Cambridge, and Sir Thomas Adams Professor of Arabic, Fellow of the Royal College of Physicians, Fellow of the British Academy, aged 63.

GIFFARD.—On January 5th, 1926, of heart-failure, Major-General Sir Gerald Godfrey Giffard, K.C.I.E., C.S.I., I.M.S. (ret.).

HAMPSON.—On January 1st, 1926, at 12, Royal Crescent, Holland Park, W. 11, William Hampson, M.A.(Oxon.), L.M.S.S.A.(Lond.), (formerly of West Rock Ferry), dearly beloved husband of Amy Bolton Hampson.

NETTLE.—On December 23rd, 1925, at Parade House, Liskeard, William Nettle, M.R.C.S., L.S.A., V.D., J.P.

ROBINSON.—On January 16th, 1926, at 28, Harpur Street, Bedford, George Robinson, M.R.C.S., L.M., J.P., aged 87.

WIGHTMAN.—On December 19th, 1925, fell asleep, John Prest Wightman, M.R.C.S., L.R.C.P.(Lond.), of Scalby, near Scarborough, dearly loved husband of Charlotte L. Wightman, and elder son of the late Charles John Wightman, of Rawdon.

WOOD.—On January 14th, 1926, at 24, Waverley Road, Enfield, Edward Wood, L.S.A., M.R.C.S., L.R.C.P., and formerly of the Stock Exchange.

#### NOTICE.

All Communications, Articles, Letters, Notices, or books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, Smithfield, E.C. 1.

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